Guest Editorial – Part 1

A Reclamation of Childbirth

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Abstract

In the first of a two-part article, the author recounts the childbirth experiences of her mother and grandmother, as well as her own, providing a view of three distinct eras and revealing profound changes in how American culture manages and understands birth.

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"Mrs. Weingarden, will you please stop screaming? You're bothering the other patients."

It was 1936 and my grandmother was in labor. A nurse periodically woke her out of a drugged stupor to admonish her for her inconsiderate behavior. This is all my grandmother remembers of giving birth to my mother.

Born in 1915, my grandmother was the second of three daughters. The first two were born at home, but in 1921, the youngest was born in a hospital, as were more and more children of upwardly-mobile immigrants. By the 1930s, when my grandmother gave birth, childbirth had undergone a complete social transformation. No longer was it viewed as a natural, normal event in women's lives. Childbirth, as described in 1920 in the first volume of *The American Journal of Obstetrics and Gynecology*, was considered a "pathologic process" from which "only a small minority of women escape damage during labor" (Leavitt, 1986, p. 179).

This was no accident. Obstetricians had waged a highly successful, ideological campaign to eliminate midwifery, appropriate women's control of childbirth, and convince the public that childbirth was pathological and

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dangerous.[1] In an era when scientific and technological developments were welcomed with an almost religious fervor, an increasingly influential medical establishment was successfully able to instruct women to view obstetrically-controlled, hospital-based childbirth as the progressive, safe way to give birth, despite a lack of supporting scientific evidence. Even though by 1936 only one-third of all births took place in a hospital, by the time my grandmother became pregnant, women's control of childbirth had already been usurped (Yankauer, 1983). All a woman had to do was find a doctor she could trust. He—virtually always a *he*—would take care of everything. So that's just what my grandmother did. Wanting the best for her baby, she didn't pick just any doctor, but a *specialist*. At the age of 21 years, her only child was medically extracted from her body.

As was customary of medicalized birthing procedures at the time, my grandmother was kept sedated with "twilight sleep," an injection of morphine and scopolamine (an amnesiac drug) that produced a light sleep. She was shaved and given an IV. For three days she labored in pain, her uncooperative cervix refusing to dilate. Eventually, the doctor gave her an episiotomy and extracted the baby with forceps. She needed many stitches and remained in the hospital for 10 days.

My grandmother was presented with a girl, Loretta. She tried to nurse her baby in the hospital, but she winced with pain each time her daughter tried to suckle.

"I remember saying, 'Ouch! Ouch! It hurts,' and Papa said, 'Leave her alone, she's hungry,' " my grandmother recalled.

No one helped her to reposition the baby, and the nurse gave her formula to supplement the meager amount of milk she produced. As we now know, this undermined her body's ability to regulate her supply of milk to meet her baby's demand.

"Shortly after I left the hospital," my grandmother explained, "the doctor visited me at home. 'You won't be able to breastfeed your baby,' he declared, 'you don't have enough milk.'"

My grandmother was not disappointed. She found breastfeeding burdensome and distasteful and was more than happy to abandon it for formula. Just as women learned to disassociate themselves from their bodies during childbirth, they had learned to hold their bodies in self-contempt. Medical "experts," formula makers, and women's magazines convinced women that their own milk was inferior to anything that science and technology could produce and led them to believe that only "ignorant" and "lower-class" women nursed their babies.[2]

My grandmother was never the type of woman to question the dominant social norms that were customary for women of her generation, her culture, her class. "Even if I had been asked what I wanted during childbirth," she explained, "I wouldn't have known what to say." Nor was a voluminous belly something to display proudly or publicly, let alone to discuss freely. "Women didn't like to be seen around with big bellies," she said. "We were living with my parents and I would sit behind the dining room table to maintain discretion when company came over." Even now, at over 80 years of age, her keen, intelligent mind does not question her experience of pregnancy and childbirth. And to keep her easily-worried mind at ease, my mother requested that I not tell my grandmother of my decision to give birth with midwives. Throughout my whole pregnancy I never corrected her when she asked questions about my doctor and things that "he" had said. Only after I had given birth to a healthy baby did we tell her the truth. In retrospect, I do not think she was too surprised. She has grown accustomed to a grandchild who often questions the status quo.

Twenty-six years after my grandmother gave birth,

[1] See, for example the following publications:
- Leavitt, J. W. (1986). *Brought to bed: Childbearing in America, 1750-1950*. New York: Oxford University Press.
- Wertz, R. W., & Wertz, D. C. (1986). Notes on the decline of midwives and the rise of medical obstetricians. In P. Conrad and R. Kern (Eds.), *The Sociology of Health and Illness* (pp. 134–145). New York: St. Martin's Press.

[2] For a fascinating, in-depth discussion of the social history of infant feeding and its origins, see *Mothers and Medicine: A Social History of Infant Feeding, 1890–1950*, by Rima D. Apple (published in 1987 by the University of Wisconsin Press).

her daughter, in turn, produced a daughter. She had been pregnant one time before, an unplanned pregnancy, but she never felt life and the baby ultimately died in utero before it—she—was born. Four years later, my mother happily became pregnant with me. Despite exhaustion during the first trimester and increasing discomfort during the last trimester, she has wonderful memories of being pregnant. Pregnancy was still not the publicly discussed event that it often is now, and there was no such thing as childbirth preparation or education. But neither was it a condition to be kept hidden in one's own home. It was somewhere in the middle.

"I taught first grade at the time," my mother recalled. "I told the administration that I was one month earlier in my pregnancy than I really was. Women weren't allowed to teach beyond their fifth month, and I was in my sixth month when school let out in June."

Several hours after her labor began at 4:00 a.m., one week late, she and my father went to Detroit's Sinai Hospital. It was September 1962. Like her mother, she was shaved and given an IV, both standard procedures. After being asked if the contractions were painful, her gynecologist gave her a shot. And that's all she remembers about birthing her only child.

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"My next memory," she explained, "is of beginning to regain consciousness, being unable to talk, and hearing one nurse say to another, 'Do you think she'll understand if we tell her?' I was distraught, not knowing if my baby was okay. 'Tell me what? Tell me!' I thought. Finally, my anxiety was appeased when I heard, 'Mrs. Behrmann, you had a healthy little girl, but you had a C-section.' I was still unable to respond, but I was flooded with relief. 'Who cares about a C-section!' I thought. I had a girl, just as I had hoped for!"

Like her mother before her, she had difficulty dilating. And lying on her back, drugged, unable to participate in the labor process, did nothing to encourage dilation. By the 1960s, the solution was to do a cesarean birth, performed by cutting the abdomen vertically. It left a scar that remains clearly visible today.

My mother's hospital stay lasted eight days. Several days after the birth, the nurses bound her chest to prevent engorgement, and they gave her a pill to dry up her milk supply. In her neighborhood of young, middle-class families, breastfeeding was viewed with disdain. She fed me formula, on a strict schedule, as the child-care "experts" typically instructed. By the age of 4 months old, I ate all solids except eggs.

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Thirty-one years later in upstate New York, I became the first woman in three generations of my family to *experience* birth. After 27½ hours of labor, with a piercing scream, I pushed my baby out of my body. We named her Emily Rose, after my grandmother's mother, Rose.

Emily's birth was planned. Not only in terms of the birthing plan that we had written in advance but also in our choice of the time when we were ready to have a child. Fortunately, my body cooperated and I conceived after our second attempt.

As soon as I knew I was pregnant, I felt myself beginning a journey that would lead me to an unknown destination, but a journey I shared with other women, a journey that today can be openly and intimately discussed with virtual strangers. Only three weeks down this new path, at a coffeehouse one night, I found myself talking with the mother of a newborn. I never even learned her name, but we discussed cervical dilation and changes in breast tissue.

I prepared for the birth emotionally, mentally, and to the best of my ability, physically. I read books, joined a prenatal aerobics class, and, with my husband, attended a series of alternative childbirth education classes. We watched videos of childbirth, heard people's birth stories, and practiced breathing techniques and perineal massage. We traveled 50 minutes each way in order to have

what I then believed was the best of both worlds: the warm, supportive care of our beloved midwives and the security of the hospital—just in case.

When contractions finally began, 12 days late, and after only two hours of sleep, I labored with my husband, a friend, a nurse, our midwife, and my mother, who says that seeing her grandchild born was the most thrilling moment of her life. It was she who shouted with excitement, "It's a girl!" Labor was a much longer process than I had bargained for and it was not easy. We listened to soothing harp and piano music on a CD player, and I immersed myself in a hot tub for much of it, letting the warm waters sooth me between contractions. And I made it through by being surrounded by loving, encouraging people. At times, I had four pairs of hands on me, rubbing my arms, massaging my temples, and supporting my back. During my 2½ hours of pushing, I had human stirrups, as members of "my team" alternated holding my legs up. As the baby's head began to crown and they could see it, they cheered me on: "Yeah! That's it! You're doing great! Keep going!" they shouted, periodically breaking into rounds of applause. Totally exhausted and with my reserves seemingly depleted, I remained focused and determined, thanks to the others' excited praise and applause. At 5:32 a.m. on July 27, 1994, I triumphantly pushed my daughter out into this world and reclaimed the experience of childbirth in my family. I was home two days later.

Unlike my mother and my grandmother, I desperately wanted to nurse my baby. With a history of allergies and asthma, I also wanted to do everything possible to prevent Emily from developing these ailments. But nursing did not happen without a struggle. Unlike the videos I had seen of babies latching on just moments after their births, Emily refused my breast. She refused it for five, draining, exhausting weeks. I pumped my milk and begrudgingly supplemented with soy-based formula. Getting Emily to nurse demanded the physical and emotional support of my family, ongoing assistance from a lactation consultant, and, finally, our daughter's sudden, inexplicable willingness to cooperate. I suspect it is partly because of our initial difficulties that I value nursing so highly today.

I nursed Emily until she was over 3 years old. My breasts were there for her whenever she desired them, and it was unimportant whether she nursed for hunger or comfort. Nursing was simply how I mothered her. I might have continued to nurse her longer had it not become so painful during my second pregnancy.

Five months after weaning Emily, I gave birth again. Same hot tub. Same midwives. Same team. My daughter was there, too, with a support person just for her. Emily wandered in and out of the room, breathed in solidarity with me, and fell asleep shortly before her sister was born. Emily never felt excluded, and she welcomed her sister the next day with adoration and glee.

Labor was significantly shorter this second time. I dilated at a steady pace, birthing from a position of greater power and energy. I instinctively labored leaning over a chair, not yet realizing that my baby was in a posterior position. When labor became too intense, I moved to the hot tub until it was time to push. When I once asked about pain options as I approached "transition," my midwife calmly and gently said, "I'm not giving you drugs. You don't want them." I was safe in asking for them because she knew my birth plan, and I could trust her not to administer drugs to me.

I pushed for 1½ hours. Cold drinks and cold compresses on my head and neck provided comfort. Like Tiger Woods lining up a golf shot, my midwife would step back from me, crouch down to assess the scene, and calmly tell me when to push and when to gently blow. Because of her guidance, her expert perineal massage, and the use of warm compresses, I had no tearing—a factor that made a huge difference in my postpartum recovery.

At 3:00 a.m., my second daughter entered the world. Rachel Joy was born on her great-grandmother's 83rd birthday—who was (and remains) alive to hear the good news. Like her sister, Rachel did not latch on right away. But unlike Emily, she had not ingested maconium, required no deep suctioning, and was not born blue and floppy. These factors, combined with my own confidence and experience, helped nursing get off to an easier start. Within two days, we worked out the kinks and established nursing, a relationship we shared until a couple of months past her third birthday.

My grandmother, my mother, and I (with my firstborn) all experienced the same problems: long labors and cervixes that took their own, sweet time to open up. And we all went home to raise beautiful, healthy daughters. But our passageways to motherhood were each influenced, if not molded, by the social construction of childbirth at different historical moments. As a result

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of vigorous feminist and consumer movements that emerged in the 1960s, by the mid- to late-1990s (when I gave birth to my daughters), there was enough room in the construction of childbirth to foster the re-emergence of midwifery and to accommodate women like me: women who want to control their bodies; who want prenatal care and birthing assistance from other women who respect their minds, their bodies, and the natural process of birth; who want to take back the power that used to be theirs before the rise of the obstetrical profession; who want to actively birth their babies and nourish them with their own milk.

But we still struggle against the dominant legacy of a male-defined, medically-controlled, technologically-intrusive model of childbirth. For example, millions of women continue to be subjected to unnecessary, invasive, and expensive childbirth interventions and medications that fail to demonstrate any benefit to mother or baby. The national cesarean birth rate is close to 25% and climbing. Midwifery is not yet an autonomous profession. Planned home births are declared risky and unsafe when numerous studies suggest the outcomes are actually better. Midwives attend only 10% of all United States births, compared to 80% in the rest of the world.

In a recent national survey of women's childbearing experiences, 93% of women received electronic fetal monitoring (most of whom received it continuously), 63% received epidurals, 55% had their membranes ruptured, 53% received artificial oxytocin to accelerate labor, and 52% received episiotomies (Maternity Center Association, 2002). The list goes on. Perhaps most significant in the Listening to Mothers Survey is that, in the national sample of over 1,500 women, the researchers found "virtually no natural childbirths."

For most of us, childbirth is a normal, healthy physiological process. But we still have a long way to go until all women have access to the options I had and the quality of care I received. We can't undo the past, but we can help create the future.

"With what I know now," my mother says, "I would do it all differently, including the decision to nurse."

I do not know what kind of birthing experience my daughters will have someday, or even if they will give birth at all. But if they follow in the footsteps of their mother and bear daughters, or if they give birth to the first boy to follow four generations of women, may they respect their bodies, realize their power, and experience it in all its fullness.

Uncovering Your Own Birth History

In the next issue of this journal, I will emphasize some of the benefits we derive from hearing our families' birth stories and offer suggestions of how you can begin to uncover your own unique and individually meaningful birth history.

"In the telling of stories," writes Dean Ornish, MD, in the foreward to *Kitchen Table Wisdom: Stories that Heal,* "we also learn what makes us similar, what connects us all, what helps us transcend the isolation that separates us from each other and from ourselves" (Ornish, 1996, p. xvii).

References

Leavitt, J. W. (1986). *Brought to bed: Childbearing in America, 1750–1950.* New York: Oxford University Press.

Maternity Center Association. (2002). *Listening to mothers: The first national U.S. survey of women's childbearing experiences*. Retrieved June 5, 2003, from http://www.maternitywise.org/listeningtomothers/

Ornish, D. (1996). Forward. In R. N. Remen, *Kitchen table wisdom: Stories that heal.* New York: Riverhead Books.

Yankauer, A. (1983). The valley of the shadow of birth. *American Journal of Public Health, 73*(6), 635–638.